


FORM B1		United States Bankruptcy Court		Voluntary Petition	
Northern District of Illinois					
Name of Debtor (if individual, enter Last, First, Middle): Myles, Kristina M.		Name of Joint Debtor (Spouse)(Last, First, Middle):			
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):		All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all): 3341		Last four digits of Soc. Sec. No. / Complete EIN or other Tax I.D. No. (if more than one, state all):			
Street Address of Debtor (No. & Street, City, State & Zip Code): 114 Spring St. Batavia, IL 60510		Street Address of Joint Debtor (No. & Street, City, State & Zip Code):			
County of Residence or of the Principal Place of Business: Kane		County of Residence or of the Principal Place of Business:			
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):			
Location of Principal Assets of Business Debtor (if different from street address above):					
Information Regarding the Debtor (Check the Applicable Boxes)					
Venue (Check any applicable box)					
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.					
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.					
Type of Debtor (Check all boxes that apply)			Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box)		
<input checked="" type="checkbox"/> Individual(s) <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other			<input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Sec. 304 - Case ancillary to foreign proceeding		
<input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank			<input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13		
Nature of Debts (Check one box)			Filing Fee (Check one box)		
<input checked="" type="checkbox"/> Consumer/Non-Business <input type="checkbox"/> Business			<input checked="" type="checkbox"/> Full Filing Fee Attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only) Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form No. 3.		
Chapter 11 Small Business (Check all boxes that apply)					
<input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101					
<input type="checkbox"/> Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)					
Statistical/Administrative Information (Estimates only)					
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.					
<input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					
Estimated Number of Creditors					
1-15 16-49 50-99 100-199 200-999 1000 or more					
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Estimated Assets					
\$0 to \$50,000 \$50,001 to \$100,000 \$100,001 to \$500,000 \$500,001 to \$1 million \$1,000,001 to \$10 million \$10,000,001 to \$50 million \$50,000,001 to \$100 million					
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Estimated Debts					
\$0 to \$50,000 \$50,001 to \$100,000 \$100,001 to \$500,000 \$500,001 to \$1 million \$1,000,001 to \$10 million \$10,000,001 to \$50 million \$50,000,001 to \$100 million					
<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

U.S. Bankruptcy Court
Northern District of Illinois

Filed: 11/01/2004
Time: 14:18:26
Debtor: KRISTINA M MYLES
Case: 04-40427 Fee: 194
Chapter: 13 Rec. #: 3108961
Judge: Initials MB
341 mtg: 12/08/2004 @ 10:00AM
ConfHrg: 01/20/2005 @ 11:30AM
Trustee: GLENN STEARNS


1:048K40427-BK001

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s) **Kristina M. Myles****Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)**

Location

Where Filed: **NONE**

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

NONE

Case Number:

Date Filed:

District:

Relationship:

Judge:

Signatures**Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Debtor

X **Not Applicable**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

10.26.04

Date

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)

☐ Exhibit A is attached and made a part of this petition.
Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.

X

Signature of Attorney for Debtor(s)

Date

Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No
Signature of Non-Attorney Petition Preparer

I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 1101 and that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.

Not Applicable

Printed Name of Bankruptcy Petition Preparer

Social Security Number (Required by 11 U.S.C. § 110(c).)

Address

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

X **Not Applicable**

Signature of Bankruptcy Petition Preparer

Date

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 1101; 18 U.S.C. § 156.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X **Not Applicable**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Sarah L. Poeppel 3123562
Sarah L. Poeppel
608 S. Washington Street
Suite 210
Naperville, IL 60540

630/416-0221
Attorney for the Petitioner(s)

UNITED STATES BANKRUPTCY COURT
Northern District of Illinois

In Re:
Debtor: **Kristina M. Myles**
Social Security Number: **3341**

Case No:

Chapter **13**

Numbered Listing of Creditors

Creditor name and mailing address	Category of Claim	Amount of Claim
1. AT&T Universal Card P.O. Box 6411 The Lakes, NV 88901-6411	Unsecured Claims	\$ 5,830.62
2. Atlantic Credit & Finance, Inc. c/o John P. Frye, PC P.O. Box 13665 Roanoke, VA 24036	Unsecured Claims	\$ 1,562.73
3. Avenue P.O. Box 659584 San Antonio, TX 78265-9584	Unsecured Claims	\$ 512.52
4. Best Buy Retail Services P.O. Box 15521 Wilmington, DE 19850-5521	Unsecured Claims	\$ 1,656.01
5. BP Amoco P.O. Box 9014 Des Moines, IA 50368-9014	Unsecured Claims	\$ 1,631.70

In re: **Kristina M. Myles**

Case No. _____

6.	Clitgo Credit Card Center P.O. Box 9095 Des Moines, IA 50368-9095	Unsecured Claims	\$ 1,001.36
7.	Citi Cards P.O. Box 6415 The Lakes, NV 88901-6415	Unsecured Claims	\$ 8,190.03
8.	Citicards P.O. Box 6411 The Lakes, NV 88901-6411	Unsecured Claims	\$ 6,185.82
9.	Delnor Community Hospital P.O. Box 739 Moline, IL 61266-0739	Unsecured Claims	\$ 382.01
10.	Delnor Community Hospital 300 Randall Road Geneva, IL 60134	Unsecured Claims	\$ 198.82
11.	Delnor Community Hospital 300 Randall Road Geneva, IL 60134	Unsecured Claims	\$ 1,635.55
12.	Fox Valley Orthopaedic Assts. S.C. 2525 Kaneville Road Geneva, IL 60134-2578	Unsecured Claims	\$ 342.00
13.	Fox Valley Women's Health Partners 1315 N. Highland Ave., #204 Aurora, IL 60506-1460	Unsecured Claims	\$ 512.34
14.	GM Card P.O. Box 37281 Baltimore, MD 21297-3281	Unsecured Claims	\$ 1,527.73

In re: **Kristina M. Myles**

Case No. _____

15.	H & R Accounts, Inc. c/o Attorney Thomas C. Hill 7017 John Deere Parkway Moline, IL 61265	Unsecured Claims	\$ 495.00
16.	Household Bank c/o Arrow Financial Services P.O. Box 1206 Oaks, PA 19456-1206	Unsecured Claims	\$ 1,906.92
17.	Household Bank c/o Arrow Financial Services P.O. Box 1206 Oaks, PA 19456-1206	Unsecured Claims	\$ 4,674.46
18.	Kane Anesthesia Associates 34536 Eagle Way Chicago, IL 60678-1345	Unsecured Claims	\$ 832.24
19.	Kohls P.O. Box 3043 Milwaukee, WI 53201-3043	Unsecured Claims	\$ 553.38
20.	MBNA America P.O. Box 15026 Wilmington, DE 19850-5026	Unsecured Claims	\$ 20,151.73
21.	Menards P.O. Box 15521 Wilmington, DE 19850-5521	Unsecured Claims	\$ 2,707.46
22.	Midwest Ortho and Neuro 2111 Midlands Court Sycamore, IL 60178-3172	Unsecured Claims	\$ 1,064.00
23.	North Shore Holdings, Ltd. 613 North Main Street Mt. Prospect, IL 60056	Secured Claims	\$ 54,626.92

In re: **Kristina M. Myles**

Case No. _____

24.	Pathology Consultants, S.C. P.O. Box 1048 Dept. 1000 St. Charles, IL 60174	Unsecured Claims	\$ 171.00
25.	Quest Diagnostics Attn: Patient Billing 1355 Mittel Boulevard Wood Dale, IL 60191-1024	Unsecured Claims	\$ 6.91
26.	Sam's Club P.O. Box 891064 El Paso, TX 79998-1064	Unsecured Claims	\$ 1,491.39
27.	St. Charles Podiatry Associates 2210 Dean St., Suite C St. Charles, IL 60175	Unsecured Claims	\$ 89.66
28.	Tri-City Radiology S.C. 9410 Compubill Drive Orland Park, IL 60462-4690	Unsecured Claims	\$ 43.60
29.	Tri-City Radiology, S.C. c/o K.C.A. Financial Services, Inc. 628 North Street P.O. Box 53 Geneva, IL 60134	Unsecured Claims	\$ 252.00
30.	Valley Emergency Care P.O. Box 8030 Wheeling, IL 60090	Unsecured Claims	\$ 36.00
31.	Washington Mutual Home Loans P.O. Box 9001879 Louisville, KY 40290-1879	Secured Claims	\$ 91,104.40

In re: **Kristina M. Myles**

Case No. _____

(The penalty for making a false statement or concealing property is a fine up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. secs. 152 and 3571.)

DECLARATION

I, **Kristina M. Myles**, named as debtor in this case, declare under penalty of perjury that I have read the foregoing Numbered Listing of Creditors, consisting of **4 sheets** (not including this declaration), and that it is true to the best of my information and belief.

Signature: _____


Kristina M. Myles

Dated: _____

10-26-04

Form
(12'

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

IN RE:

KRISTINA M. MYLES,

Debtor.

Case No. 03 B _____
Chapter 13
Judge John H. Squires

VERIFICATION OF CREDITOR MATRIX

Number of Creditors: 34

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Dated: 10.26.04

Kristina M. Hight
Debtor

**UNITED STATES BANKRUPTCY COURT
Northern District of Illinois**

In re: **Kristina M. Myles**Case No. _____
Chapter **13**

Debtor

**DISCLOSURE OF COMPENSATION OF ATTORNEY
FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	<u>1,200.00</u>
Prior to the filing of this statement I have received	\$	<u>0.00</u>
Balance Due	\$	<u>1,200.00</u>

2. The source of compensation paid to me was:

☐ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a) Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b) Preparation and filing of any petition, schedules, statement of affairs, and plan which may be required;
- c) Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d) [Other provisions as needed]

The dollar amount does not include the filing fee. The attorney is not a financial advisor.

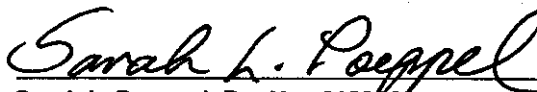
6. By agreement with the debtor(s) the above disclosed fee does not include the following services:

Motion, adversary or other contested matters.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: 10/26/04


Sarah L. Poeppel, Bar No. 3123562

Sarah L. Poeppel
Attorney for Debtor(s)